

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Tuberculosis (TB) Testing Compliance

As part of our commitment to public health and safety, we are reaching out to inform you about the mandatory tuberculosis (TB) testing requirements for [specific group or purpose, e.g., employees, students, residents] in compliance with local health regulations.

Please ensure that all individuals in the specified group complete a TB test by [deadline date]. Acceptable forms of TB testing include:

- Tuberculin Skin Test (TST)
- Interferon-gamma release assays (IGRAs)

Results must be submitted to [designated person/office] by [submission deadline]. If you have any questions or require further information, please do not hesitate to contact us at [contact information].

Thank you for your attention to this important matter and your cooperation in ensuring the health and safety of our community.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]